U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA FOR NUMBER FILED RATE FEE RATE FÉE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = X S X \$ (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$_ = OR X \$ = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) **SMALL ENTITY** SMALL ENTITY CLAIMS HIGHEST PRESENT RATE RATE ADDI REMAINING NUMBER ADDI-ENT **EXTRA PREVIOUSLY** TIONAL TIONAL AFTER AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDMI = 6R X S X S Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ PRESENT REMAINING NUMBER RATE RATE ADDI-ADDI-**EXTRA** EN PREVIOUSLY TIONAL TIONAL **AFTER** AMENDMENT PAID FOR FEE FEE. Total Minus = ENDM (37 CFR 1.16(c)) X \$ X \$ OR Independent (37 CFR 1.16(b)) Minus X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-EN **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Minus Total = ENDMI (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECOI			RD			OCKET NUT	
Effective January 1, 2004				0	9/0	695	63/
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMAL TYPE	LENTITY	OR		THAN ENTITY
TOTAL CLAIMS	•		· RAT	E FEE	7	RATE	FEE
FOR	NUMBER FILED	MUMBER EXTRA	BASIC	fee \$375	OR	BASIC FEE	\$750
TOTAL CHARGEABLE CLAIMS	minus 20=	•	. X\$ 9	ı . ·	OR	X\$18=	
INDEPENDENT CLAIMS	กล่ายร 3 =		X49		OR	X86=	
MULTIPLE DEPENDENT CLAIM P	RESENT		+145		OÁ	+290=	
* If the difference in column 1 is	lesis than zero, enter	"0" lņ column 2	TOTA		OR		·
A ANI CLAIMS'AS A	MENDED - PAR	T II	1017	"	Tov	OTHER	THAN
(Column 1)	(Colum	nn 2) (Column 3)	SMA	LL PHTITY	OR	SMALL	
CLAIMS REMAINING AFTER AMENDMENT Total • 22 Independent • 3	HIGH NUM PREVIO PAID	BER PRESENT NUSLY EXTRA	FATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • 22	Minus	2.	X\$ 9	•	OR	X\$18=	٠.
Independent • 3	Migus oos	3 .	. X43		OR	X86 •	
FIRST PRESENTATION OF ML	LTIPLE DEPENDENT	CLAIM L	+145	. \	OR	+290=	1
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ululs (Calumn 1)	(Colum	nn 2) (Column 3)	ADDIT. F			ADDIT. FEE	1
CLAIMS REMAINING AFTER AMENDMENT	HIGH NUMB PREVIO PAID I	EST BER PRESENT NUSLY EXTRA	RATE	ADDI- TIONAL BEE		RATE	ADDI- TIONAL FEE
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Independent • 3	Minus · •••	8	X43	. ,	OR	X86=	
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· newshe	20-4		ADOIT, FI		OR	TOTAL ADDIT. FEE	
. (Column 1)	(Colum						·
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Total •	Minus 60		X\$ 9=	:	OR	X\$18=	
Independent .	Minus +		X43=		ОЯ	X86=	
FIRST PRESENTATION OF MU	LTIPLE DEPENDENT	CLAIM		1			
. If the entry in column t is less than the	entry in column 2, write '	"V" in column 1.	+1452		OR	+290= TOTAL	
** If the 'Highest Number Previously Paid ***If the 'Highest Number Previously Paid The 'Highest Number Previously Paid	d For IN THIS SPACE IS	less than J. order "J."	ADDIT. FE	€ ـ		ODIT. FEE	